



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

South Dakota Medicaid EHR Incentive Payment Program

Eligible Hospitals

User Guide

12/5/2011

South Dakota Medicaid EHR Incentive Payment Program Steps for Eligible Hospitals

Eligible hospital types include critical access and acute care hospitals with an average length of stay of 25 days or fewer and a CMS Certification Number (CCN) of 0001-0879, 1300-1399. In addition, children's hospital with a CCN of 3300-3399 are an eligible hospital type.

1. Welcome Page: Account creation



South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive program to receive incentive payments.

Log in

Username

Password

Sign in

[Forgot Password?](#)

New to SD Medicaid Portal?

Create an Account

DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Checklists

First time users select Create an Account

Enter NPI and CMS
registration ID →

Select Submit →

Create a South Dakota Medicaid Incentive Payment Program Account

In order to create a new account, the Eligible Professional (EP) or Eligible Hospital (EH) must have already registered with the CMS Registration and Attestation Website. If you have not registered with CMS, please do so here [CMS registration website](#).

Please use the same NPI number used when registering with CMS

Note: There is a 24 hour delay between registration with CMS and ability to create SD registration portal account.

Provider Registration

Please enter NPI & CMS Registration ID and Click on Submit.

NPI
1234567890

CMS Registration ID
0198765432

Submit **Reset**

Username

Password

Confirm Password

Create **Cancel** **Cancel**

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Create username,
password and confirm

Applying for incentive
payments:

► Enter the url for the South
Dakota Medicaid EHR
Incentive Program website
into your browser
<https://www.sdmedicaidehr.com>

► First time users, create an
account entering the NPI
and CMS registration ID.
Then create a User name
and password

► Log in with a user name
and password

► Note: Providers must first
register at CMS registration
and attestation system.
Providers must allow 1-2
business days to log in to
the SD Medicaid provider
portal after initially
registering with CMS at
<https://ehrincentives.cms.gov>

CMS EHR Information
Center is available at 1-
888-734-6433 from 7:30
a.m. – 6:30 p.m. Monday
through Friday, except
federal holidays.

Hospitals eligible under
both Medicare and
Medicaid should select
"Both Medicare and
Medicaid" during
registration, even if they
initially plan to apply for an
incentive under only one
program

► Follow the steps in the
following pages to attest to
the South Dakota Medicaid
EHR Incentive Payment
Program

Log in



South Dakota Medicaid EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria may qualify to receive payments.

[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive Payment Program to receive incentive payments.

Log in

Username

testhosp

Password

Sign in

[Forgot Password?](#)

New to SD Medicaid Portal?

Create an Account

Enter
username and
password to
sign in

Select sign in

Forgot Password



South Dakota Medicaid EHR Incentive Payment Program

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Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria may qualify to receive payments.

[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

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Forgot Password

NPI

0123456789

Submit

Cancel

New to SD Medicaid Portal?

Create an Account

Submit .
An email
will be
sent

2. Registration confirmation

Confirm registration. To update or modify the registration information, providers will need to visit the CMS EHR Incentive program registration and attestation system.

The screenshot shows a web form titled "CMS Account Details" with a tabbed interface at the top containing "Account Information", "Eligibility", "AIU", "Attestation", and "Payment". The "Account Information" tab is active. The form contains the following fields and values:

Name:	Health Services SD
Address1:	1200 S 7th Ave
Address2:	Suite 12
City:	Sioux Falls
State:	SD
Zip Code:	57000-0000
Phone Number:	(605) 000-0000
Email Address:	SDEH1@provider.com
Payment Year:	1
Applicant NPI:	1000077787
Applicant TIN:	
Payee NPI:	
Payee TIN:	
CCN:	430000
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE

Below the form is a "Contact Details" section with input fields for "Name:", "Email Address:", and "Phone No:", followed by a "Save Contact" button.

Red annotations are present on the form:

- A red arrow points from the text "If information is correct, select the Confirm CMS Data button." to the "Confirm CMS Data" button.
- Red text "To update, visit the CMS registration website" is positioned to the right of the form, with a red arrow pointing from the text "Visit CMS to Update or Change Information CMS registration website." to it.

Status
updated

The screenshot shows a web application interface for managing CMS account details. At the top, there is a navigation bar with tabs: 'Account Information' (highlighted with a red circle), 'Eligibility', 'AIU', 'Attestation', and 'Payment'. Below the navigation bar, the 'CMS Account Details' section is displayed. It contains a list of fields with their corresponding values, such as 'Name: Health Services SD', 'Address1: 1200 S 7th Ave', 'City: Sioux Falls', 'State: SD', 'Zip Code: 57000-0000', 'Phone Number: (605) 000-0000', 'Email Address: SDEH1@provider.com', 'Payment Year: 1', 'Applicant NPI: 1000077787', 'Applicant TIN:', 'Payee NPI:', 'Payee TIN:', 'CCN: 430000', 'Program Option: Medicaid', 'Medicaid State: SD', 'Provider Type: Acute Care Hospital', and 'Provider Specialty: ACUTE CARE'. A red arrow points from the 'Status updated' text to the 'CMS Data confirmed successfully.' message. Below the account details, there is a 'Contact Details' section with input fields for 'Name', 'Email Address', and 'Phone No'. A red arrow points from the 'Select Save Contact' text to the 'Save Contact' button. Another red arrow points from the 'Enter optional contact Name, Email Address, and Phone No' text to the input fields. At the bottom, there is a 'Confirm CMS Data' button and a link to 'Visit CMS to Update or Change Information CMS registration website.'.

Account Information Eligibility AIU Attestation Payment

CMS Account Details

CMS Data confirmed successfully.

Name: Health Services SD
Address1: 1200 S 7th Ave
Address2: Suite 12
City: Sioux Falls
State: SD
Zip Code: 57000-0000
Phone Number: (605) 000-0000
Email Address: SDEH1@provider.com
Payment Year: 1
Applicant NPI: 1000077787
Applicant TIN:
Payee NPI:
Payee TIN:
CCN: 430000
Program Option: Medicaid
Medicaid State: SD
Provider Type: Acute Care Hospital
Provider Specialty: ACUTE CARE

Confirm CMS Data Visit CMS to Update or Change Information [CMS registration website.](#)

Contact Details

Name: Jane Doe
Email Address: janedoe@freemanhosp.com
Phone No: 6051234567

Save Contact

Enter optional contact Name, Email Address, and Phone No

Select Save Contact

Note: Status is updated on top of page

3. Eligibility

Eligible hospital should meet a minimum of 10% Medicaid patient volume in a representative continuous 90 day period in the previous fiscal year (October 1-September 30) demonstrated by

Numerator: Total Medicaid inpatient discharges + Medicaid emergency department encounters in any representative continuous 90 day period in the preceding fiscal year

Denominator: Total inpatient discharges + emergency department encounters in that same 90 day period

Acute Care Hospitals

The screenshot shows a web-based form for "Eligible Hospital" with tabs for Account Information, Eligibility, A1U, Attestation, and Payment. The "Eligibility" tab is active. A message at the top says "EH Details saved successfully". Below this, a dropdown menu shows "Acute Care Hospital" and a question "Is your average length of stay 25 days or less?" with "Yes" selected. The "EH Details" section contains three sub-sections: "Patient Volume", "Growth Rate Average", and "Medicaid Share". Each section has input fields for various data points and calculated results. At the bottom, there are "Calculate" and "Save & Next" buttons. Red arrows point to these buttons with the text "Select Calculate" and "Select Save & Next".

Eligible Hospital

EH Details saved successfully

You are a: Acute Care Hospital Is your average length of stay 25 days or less? ☒ Yes ☐ No

EH Details

Patient Volume

Note: To be eligible for the incentive program, hospitals must meet at least 10% Medicaid patient volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: 5/30/2010 Reporting year for patient volume is Oct 01-Sept 30

End Date: 8/27/2010

Medicaid inpatient discharges: 50

Medicaid emergency department encounters: 100

Total inpatient discharges: 150

Total emergency department encounters: 200

Select county for CHIP %: Pennington

Medicaid patient volume: 41.40 %

Growth Rate Average

Select the end date of hospitals most recently filled 12 month cost reporting period: 11/30/2011

Total discharges in the reporting hospital's fiscal year: 2870 Enter data from Worksheet S-3, Part I, Column 15, Line 14 if using data from Medicare cost report Form 2552-10

Total number of discharges one year prior: 2850 Enter previous years discharge data from Worksheet S-3, Part I, Column 15, Line 12 if using data from Medicare cost report Form 2552-96

Total number of discharges two years prior: 2800

Total number of discharges three years prior: 1500

Average annual growth rate: 29.72 %

Medicaid Share

Total inpatient Medicaid days: 1000 Worksheet S3, Part I, Column 7, Line 1, 8-12

Total inpatient hospital days: 9900 Worksheet S3, Part I, Column 8, Line 1, 8-12

Total hospital charges: 1000000000 Worksheet C, Part 1, Column 8, line 200

Charity care charges: 1000000 Worksheet S10, Line 20

Average length of stay: 3.45 day(s)

Medicaid share: 10.11 %

Medicaid aggregate EHR incentive amount: \$642,401.73

Estimated EHR incentive payment - year 1: \$256,960.69

Select Calculate → Calculate Save & Next ← Select Save & Next

Note: Dually eligible hospitals may not include acute inpatient bed days in the numerator for patients where Medicare Part A or Medicare Advantage under Part C was the primary payer.

Nursery bed days may not be included in the numerator or the denominator for acute inpatient (hospital) bed days.

Critical access hospitals

Account Information Eligibility **AIU** Attestation Payment

Eligible Hospital

You are a: Critical Access Hospitals

EH Details

Patient Volume

To be eligible for the incentive program, Eligible hospitals must meet at least 10% Medicaid patient volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: **November, 2011** is between 01-Oct to 30-Sept

End Date:

Medicaid inpatient discharges:

Medicaid emergency department encounters:

Total inpatient discharges:

Total emergency department encounters:

Select county for CHIP %:

Medicaid patient volume:

Growth Rate Average

Select the end date of Hospitals most recently filled 12 month cost reporting period:

Total number of discharges in this fiscal year:

Total number of discharges one year prior:

Total number of discharges two years prior:

Total number of discharges three years prior:

Average Annual Growth Rate:

Medicaid Share

Total Medicaid Inpatient bed days:

Total Hospital Inpatient bed days:

Total Hospital charges:

Total charity care charges:

Average Length of Stay:

Medicaid share:

Aggregate EHR amount:

First year payment:

Select Calculate

Select Save & Next

Children's hospitals

Children's hospitals do not have Medicaid patient volume requirements.

The screenshot shows a web form titled 'Eligible Hospital' with tabs for 'Account Information', 'Eligibility', 'ATTU', 'Attestation', and 'Payment'. The 'Eligibility' tab is selected and circled in red. Below the tabs, there is a section 'You are a:' with a dropdown menu set to 'Childrens Hospitals'. The main section is 'EH Details' and contains several input fields with red arrows pointing to them from the right, each with a red text label:

- Growth Rate Average**
 - Select the end date of Hospitals most recently filled 12 month cost reporting period: [input field] → Enter date of base reporting year
 - Total number of discharges in this fiscal year: [input field] → Enter total discharges in the base year
 - Total number of discharges one year prior: [input field] → Enter total discharges one year before the base year
 - Total number of discharges two years prior: [input field] → Enter total discharges two year before
 - Total number of discharges three years prior: [input field] → Enter total discharges three years before
- Average Annual Growth Rate:**
- Medicaid Share**
 - Total Medicaid Inpatient bed days: [input field] → Enter Medicaid inpatient bed days
 - Total Hospital Inpatient bed days: [input field] → Enter hospital inpatient days
 - Total Hospital charges: [input field] → Enter hospital charges
 - Total charity care charges: [input field] → Enter charity care charges
- Average Length of Stay:**
- Medicaid share:**
- Aggregate EHR amount:**
- First year payment:**

At the bottom of the form are two buttons: 'Calculate' and 'Save & Next'. Red arrows point to these buttons from the left with red text labels:

- Select Calculate
- Select Save & Next

Note: Hospitals with less than four year data should contact the Division of Medical Services.

4. Adopt, Implement, Upgrade

CMS EHR Certification Number may be obtained at <http://onc-chpl.force.com/ehrcert>

The screenshot shows the 'Adopt Implement Upgrade' form with several red annotations and arrows pointing to specific fields and buttons:

- Account Information** | **Eligibility** | **AIU** | **Attestation** | **Payment**
- Adopt Implement Upgrade**
- Details saved successfully**
- Do you have a Certified EHR?**
 - ☒ Yes ☐ No → **Select the appropriate for a certified EHR**
- Please provide the CMS EHR Certification Number:** → **Enter the 15 alphanumeric CMS EHR Certification ID**
- [About CMS EHR Certification Number](#)
- EHR Status**
- Indicate the status of your EHR:**
 - ☒ **Adopt** - in the processes of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements
 - ☐ **Implement** - deploying, installing, or beginning utilization of certified EHR technology capable of meeting meaningful use requirements
 - ☐ **Upgrade** - either have completed or are in the process of expanding current EHR technology to certified EHR technology capable of meeting meaningful use requirements. This may also include staffing, training, or maintenance
 - ☐ **Meaningful use**→ **Select the appropriate and describe for adopting, implementing, upgrading. Dually EH may select meaningful use in first year**
- Please describe(Max 1000 characters allowed):**
- Do you work with a Regional Extension Center such as HealthPOINT?**
 - ☒ Yes ☐ No → **Indicate yes or no if working with a regional extension center**
- If yes, please describe(Max 1000 characters allowed):**
 → **Indicate the regional extension center you work with**
- Submit documentation showing adoption, implementation, or upgrade of a certified EHR system. Examples of documentation are signed contracts, user agreements, licence agreements, purchase orders or receipts.**
- Browse...** **Upload** → **Select browse and upload documentation**
- Note: File upload size should be less than 5 MB.**
- | <input checked="" type="checkbox"/> Select all | File Name | View Files |
|--|----------------------|----------------------------|
| <input type="checkbox"/> | Receipt for test.doc | View Files |
| Delete | | |
- [Upload Instructions](#)
- Save & Next** → **Select Save & Next**

Note: Dually eligible hospitals that successfully demonstrate meaningful use for Medicare may be deemed meaningful user for Medicaid in the first year of participation

Status is updated on top of page

5. Attestation

Edit information entered and save if necessary. Confirm, sign and submit. Once submitted, the provider will not be able to update or change the attested information.

The screenshot shows a web application interface for CMS Account Details. At the top, there are five tabs: 'Account Information', 'Eligibility', 'AIU', 'Attestation', and 'Payment'. The 'Attestation' tab is currently selected and highlighted with a red circle. Below the tabs, the 'Account Information' section is expanded, showing a list of fields and their values for 'Health Services SD'. Below this, the 'Contact Details' section is also expanded, showing input fields for 'Name', 'Email Address', and 'Phone No.' with the values 'Jane Doe', 'janedoe@freemanhosp.com', and '6051234567' respectively. To the right of these fields is a red 'Review' button. At the bottom left of the form, there is a blue button labeled 'Edit Contact Details'. A red arrow points from this button to the text 'Select edit contact information if appropriate to update after reviewing'.

CMS Account Details	
Name:	Health Services SD
Address1:	1200 S 7th Ave
Address2:	Suite 12
City:	Sioux Falls
State:	SD
Zip Code:	57000-0000
Phone Number:	(605) 000-0000
Email Address:	SDEH1@provider.com
Payment Year:	1
Applicant NPI:	1000077787
Applicant TIN:	
Payee NPI:	
Payee TIN:	
CCN:	430000
Program Option:	Medicaid
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE

Contact Details	
Name:	<input type="text" value="Jane Doe"/>
Email Address:	<input type="text" value="janedoe@freemanhosp.com"/>
Phone No:	<input type="text" value="6051234567"/>

[Review](#)

[Edit Contact Details](#) → Select edit contact information if appropriate to update after reviewing

EH Eligibility

Eligible Hospital

You are a: Acute Care Hospital Is your Average length of stay 25 days or less? Yes

Patient Volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: 05/30/2010

End Date: 08/27/2010

Medicaid inpatient discharges: 50

Medicaid emergency department encounters: 100

Total inpatient discharges: 150

Total emergency department encounters: 200

Select county for CHIP %: Pennington

Medicaid patient volume: 41.40%

Growth Rate Average

Select the end date of hospitals most recently filled
12 month cost reporting period: 11/30/2011

Total discharges in the reporting hospital's fiscal
year: 2870

Total number of discharges one year prior: 2850

Total number of discharges two years prior: 2800

Total number of discharges three years prior: 1500

Average Annual Growth Rate: 29.72%

Review

Medicaid Share

Total inpatient medicaid days: 1000 day(s)

Total inpatient hospital days: 9900 day(s)

Total hospital charges: \$1,000,000,000.00

Charity care charges: \$1,000,000.00

Average Length of Stay: 3.45 day(s)

Medicaid share: 10.11%

Medicaid Aggregate EHR Incentive Amount: \$642,401.73

Estimated EHR incentive payment - year 1: \$256,960.69

Edit EH Details

← Select Edit EH Details button to update details if appropriate

AIU Details

Do you have a Certified EHR?	Yes
CMS EHR Certification Number:	30000001SWU6EAI
Status of EHR:	Adopt - in the process of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements
EHR Status Description:	purchased a certified EHR
Regional Extension Center:	Yes
Regional Extension Center Description:	selecting a certified EHR and implementation
Supported Documents uploaded:	

File Name	Review
Receipt for test.doc	

[Edit AIU Details](#) ← Select the Edit AIU Details button if appropriate to update AIU information

Terms of Use

I hereby agree to keep records for a minimum of six years to demonstrate that I met all of the South Dakota Medicaid EHR Incentive Payment Program requirements and to furnish those records to South Dakota Medicaid EHR Incentive Payment Program upon request.

The state will pursue repayment in all instances of improper and duplicate payment. I certify I am not receiving Medicaid EHR incentive funds from any other state or commonwealth and have not received a payment from South Dakota Medicaid EHR Incentive Payment Program for this year. EHR incentive payments will be treated like all other income and are subject to federal and state laws regarding income tax, wage garnishment, and debt recoupment.

I understand that reassignment of payment is voluntary and the reassigning provider will not receive the incentive payment directly.

No Medicaid EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

☒ I attest to the submitted information terms and conditions.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR incentive payments I requested through the South Dakota Medicaid EHR Incentive Payment Program will be paid from Federal funds, and that any false claims, statements, or documents, or the concealment of a material fact used to obtain incentive payment, may be prosecuted under Federal or State laws.

Enter Initials: ← Enter initials to attest and sign

Attested Date: 12/2/2011

← Submit

Check here to attest to the submitted information

Select Submit. The submitted information will not be edited upon submission

Upon submission, status will be updated on top of page

Home Contact Us Change Password Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Health Services SD
 Provider Type: Eligible Hospital (EH)
 Status: Attestation Submitted

Account Information Eligibility AIU Attestation Payment

Thank you for your submission. Program staff will be reviewing your attestation and will be in contact with you soon.

[Account Information](#)
[CMS Account Details](#)

Status updated

6. Payment Details

The payment details tab provides payment summary and history information.

Payment Details
Summary

Payment Year	Calculated Amount	Disbursed Amount
1	\$3,564,439.72	\$3,561,999.50

7. Issue Submission

Provider can open an issue, submit and view the status of an issue.

Comments submitted successfully. Issue status updated upon submission

Comments:

Submit

Search for issues

Status:

Issue ID	Subject	Date	Status
10	New Issue	Mon, 12/12/2011 11:24	Open

Upon attestation submission, the SD Division of Medical Services will review the application and notify the provider of application status. Eligible hospitals must retain documentation for a minimum of six years.

South Dakota Medicaid EHR Incentive Payment Program

medicaidehr@state.sd.us